Major Changes 2014 FGI

- Divided into two standards:
  - One for hospitals and outpatient facilities
  - One for facilities in which residents or clients receive long-term care
New vs. Renovation: 1.1-3

- Scope clarification. Only the altered portion of existing building required to meet guideline requirements.

Functional Program: 1.2-2

- Streamlined w/ substantial material moved to appendix.
- Added requirement for an Executive Summary of key elements.
- Moved environment of care from the functional program to SRA.
## Functional Program

### Design Narratives
- Architectural
- Mechanical
- Plumbing
- Electrical
- Acoustical
- Commissioning

### Operational Narrative
- Clinical
- Flow
- Support
- Supply
- Waste

### Attachments
- ICRA
- PHAMA
- ICRMA
- Disaster Plans
- Phasing Plans
- Security Plan
Bariatric-Specific Design: 1.2-5.4

- Facility planning determines weight limits and percent of services designed for bariatric patients.

Commissioning: 1.2-7

- Commissioning required at new or renovated elements critical to patient care and safety shall be commissioned.
  - HVAC
  - Automatic temperature control
  - Domestic hot water
  - Fire alarm and Fire protection systems
Most **overarching** change to the Guidelines.

1.2-3 SRA is a multidisciplinary, documented assessment process to proactively identify and mitigate hazards and risk in the health care built environment.

SRA is an Owner-driven assessment process.
SRA - Components

- Infection control risk
- Patient handling and movement assessment
- Fall prevention
- Medication Safety
- Behavioral and mental health risk
- Patient immobility
- Security Risk
Safety Risk Assessment is developed by an interdisciplinary team.

Table 1.2-1 identifies components SRA must cover.
Chapter 2.1 – Common Elements

- Requirement to place EMR on UPS. 2.1-8.3.5.3 and cooling for IT equip. must be on emergency power. 2.1-8.5.1.4(3)

- Elevator cab size clear dim. 5’ – 8” wide by 9’ deep. 2.1-8.7.2.3(1)
Medication Safety Zones are a component of the SRA.

### Summary of New 2014 Guidelines Medication Safety Zone Requirements

<table>
<thead>
<tr>
<th>Guidelines Location</th>
<th>Medication Safety Zone Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CHAPTER 1: PLANNING, DESIGN, CONSTRUCTION, AND COMMISSIONING</strong></td>
<td></td>
</tr>
</tbody>
</table>
| Medication safety portion of safety risk assessment (Section 1.2-5.3) | - Medication safety risk assessment is a component of the new safety risk assessment, which is designed to improve patient and caregiver safety. See FGI Guidelines Update #1: Designing for Safety.  
- Requires the governing body to identify the medication safety zones in a project as a component of the safety risk assessment report |
| **PART 2: HOSPITALS** |
| Chapter 2.1: Common Elements for Hospitals (Section 2.1-2.6.6) | - Provides design requirements for medication safety zones, based on USP-NF standards:  
  - Location to minimize distractions and interruptions  
  - Work space organization, including consideration of personnel and medication safety technology and equipment impacts on design  
  - Sound and noise attenuation by meeting the criteria in Table 1.2-4 (Minimum Design Room Sound Absorption Coefficients), Table 1.2-2 (Maximum Design Criteria for Noise in Interior Spaces Caused by HVAC and Other Building Systems), and Table 1.2-6 (Design Criteria for Minimum Sound Isolation Performance Between Enclosed Rooms).  
  - Task-specific lighting levels found in USP-NF, Chapter 1066  
  - Includes reference to requirements for sharps containers, including placement, in medication safety zones based on OSHA (2001) and NIOSH (1998) standards and guidance. |
| Chapters 2.2–2.7 (All hospital types) | - Medication safety zone requirements are addressed for each of the different types of hospitals.  
- Sends the reader back to Section 2.1-2.6.6 for the medication safety zone requirements detailed in the Common Elements chapter. |
| **PART 3: OUTPATIENT FACILITIES** |
| Chapter 3.1: Common Elements for Outpatient Facilities (Section 3.1-3.6.6) | - Provides design requirements for medication safety zones, based on USP-NF standards as described above for Part 2.  
- Includes sharps container reference as described above for Part 2. |
| Chapters 3.2–3.14 (Specific types of outpatient facilities) | - Medication safety zone requirements are addressed for each of the different types of outpatient facilities.  
- Sends the reader back to Section 3.1-3.6.6 for the medication safety zone requirements detailed in the Common Elements chapter. |
Create safe environments that:

- Reduce medication errors due to distractions
- Reduce episodes of staff needle-stick
- Support concentration and focus
  - Located away from distractions
  - Lighting
  - Hand-washing station
  - Countertops
Part 2: Hospitals

Chapter 2.1 – Common Elements:

• New provision to provide potable water in the event of a utility failure or disaster. 2.1-8.4.2.3(5)

• Public hand-washing stations fittings shall be hands-free. 2.1-8.4.3.2(8)
Chapter rearrangement & additions

- 2.2 – General Hospitals
- 2.3 – Freestanding Emergency Facilities (NEW)
- 2.4 – Critical Access Hospitals (NEW)
- 2.5 – Psychiatric Hospitals
- 2.6 – Rehabilitation hospitals
- 2.7 – Children’s Hospitals (NEW)
Chapter 2.2 Specific Requirements General Hospitals

- New language on Family Zone support features. 2.2-2.2.3.1

- Clarification on requirements for critical care patient toilet or human waste disposal room. 2.2-2.6.2.6

- Requirement for built-in mechanical lifts in all new bariatric nursing rooms (10% in renovation). 2.2-2.16.2.9
Chapter 2.2 Emergency Services

- Renamed “Initial and Definitive Emergency” to “Basic Emergency Care” 2.2-3.1.2 and “Emergency Department” 2.2-3.1.3

- Hand-wash station required at ED Triage 2.2-3.1.3.3(3)

- Broadened requirements for observation units (outside the ED). 2.2-3.2.1.2. Patient Care Stations w/ min. clear floor area of 120 SF 2.2-3.2.2.2(1)
2.2-3.3.2 Operating Rooms

OR for image-guided surgery/procedures shall have:

• Min. clear floor area of 600 SF
• Min. clear dimension of 20 feet
Hybrid OR:
• Min. 24 feet clear dimension (new)
• Min. 22 feet clear dimension (renovation)

Control Room:
• 120 SF min. area
• Physically separated from OR

Imaging equipment room
2.2-3.5 Interventional Imaging

- Procedure room
  - Min. 18 feet clear dimension
  - Min. 4 feet clearance on all sides of gantry
Revisions to 2.3-3.4 - Imaging

CT Scanning - 2.2-3.4.2
- room sized to allow min. of 4 feet clearance on all sides of gantry
- Patient toilet requirement removed

MRI Imaging – 2.2-3.4.4
- room sized to allow min. of 4 feet clearance on all sides of gantry
- Hand-washing stations shall be directly accessible to MRI scanner room
- Acoustic control required to mitigate ambient noise of MRI scanner
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>In</td>
<td>Located within the identified area or room</td>
</tr>
<tr>
<td>Directly accessible</td>
<td>Connected to the identified area or room through a doorway, pass-through, or other opening without going through an intervening room or public space</td>
</tr>
<tr>
<td>Adjacent</td>
<td>Located next to but not necessarily connected to the identified area or room</td>
</tr>
<tr>
<td>Immediately accessible</td>
<td>Available either in or adjacent to the identified area or room</td>
</tr>
<tr>
<td>Readily accessible</td>
<td>Available on the same floor as the identified area or room</td>
</tr>
<tr>
<td>In the same building</td>
<td>Available in the same building as the identified area or room, but not necessarily on the same floor</td>
</tr>
</tbody>
</table>
Revised Definitions

The following definitions are the foundation for changes in guidelines:

- **Invasive procedure** - glossary page xxxiv
- **Procedure Room** – glossary page xxxv
- **Surgical Suite** - glossary page xxvii
  - Semi-restricted areas
  - Restricted areas
Invasive procedure: A procedure that:

- Penetrates the protective surfaces of a patient’s body (e.g., skin, mucous membranes, cornea).
- Is performed in an aseptic surgical field (e.g., a procedure site).
- Generally requires entry into a body cavity.
- May involve insertion of an indwelling foreign body.
**Procedure Room:** A room designated for the performance of procedures that do not meet the glossary definition of “invasive procedure” and may be performed outside the restricted area of a surgical suite but may require the use of sterile instruments or supplies. Local anesthesia and minimal and moderate sedation may be administered in a procedure room, but special ventilation or scavenging equipment must not be required for anesthetic agents.
Part 3: Outpatient Facilities

Roadmap for applying Part 3 chapters:

- Start with the specific chapter (3.2 thru 3.14)
- Specific chapters will reference 3.1 for requirements.
- When a facility provides services not specifically referenced in the outpatient chapters go to Hospital chapters in part 2 for requirements.
Part 3: Specific Chapters

2010 Guidelines

- 3.2 Primary Care
- 3.3 Small Primary Care
- 3.4 Diagnostic & Treatment
- 3.5 Urgent Care (Not Adopted)
- 3.6 Cancer Treatment
- 3.7 Outpatient Surgical Facilities
- 3.8 Office Surgical Facilities
- 3.9 Gastrointestinal endoscopy
- 3.10 Renal Dialysis
- 3.11 Psychiatric
- 3.12 Rehabilitation

2014 Guidelines

- 3.2 Primary Care
- 3.3 Diagnostic & Treatment
- 3.4 Birth Center
- 3.5 Urgent Care
- 3.6 Cancer Treatment
- 3.7 Outpatient Surgical Facilities
- 3.8 Office-based Procedure & OR
- 3.9 Endoscopy Facilities
- 3.10 Renal Dialysis
- 3.11 Psychiatric Centers
- 3.12 Rehabilitation Therapy
- 3.13 Mobile
- 3.14 Dental (New)
Most Significant Change: Revision to how we classify operating rooms in surgical facilities.

Min. size for an ambulatory OR is 250 SF, 15 foot min. clear dimension. 3.7-3.3.1.1

Procedure rooms only used for non-invasive. 3.7-3.2.1.1.
Chapter 3.8 - Office-based Procedure and Operating Rooms

Applies to physicians’ offices where surgical procedures are performed.

Procedure rooms (non-invasive) 3.8-3.1

- 150 SF min.
- 12 feet min. clear dimension
- 4 feet min. clearance at table
Chapter 3.8 - Office-based Procedure and Operating Rooms

An operating room in a physician’s office shall meet Section 3.7-3.3 (Outpatient OR)

Outpatient OR =

• 250 SF min.
• 15 feet min. clear dimension (btwn cabinets)
• 4 feet min. clearance at table
Noteworthy

- Corridor width requirements removed (per building code)

- Nurse Call Devices required at Outpatient Facilities per Table 3.1-2

Noticeably absent is reference to USP 797. DOH Pharmacy is currently considering developing rules.
Changes to Table 7.1:

- Critical/ Intensive Care changed from positive to NR
- Wound Intensive changed from positive to NR
- Endoscopy changed from negative to NR
- Medication room changed from positive to NR
# DOH Adoption Process

## Rule Inquiry Phase

<table>
<thead>
<tr>
<th>1st Draft</th>
<th>Submit Proposals</th>
<th>Meet #1</th>
<th>Report</th>
<th>Comments on proposals</th>
<th>Meet #2</th>
<th>Report</th>
</tr>
</thead>
</table>

## Rule Proposal Phase

<table>
<thead>
<tr>
<th>Internal Review of all Proposals/Comments</th>
<th>Draft Proposed Rule</th>
<th>File Proposed Rule</th>
<th>Meet #3</th>
</tr>
</thead>
</table>
## DOH Adoption Process

### Rule Adoption Phase

<table>
<thead>
<tr>
<th>Review Outcome of Meeting #3</th>
<th>File Final Revised Rule</th>
<th>31 days</th>
<th>Rule Effective</th>
</tr>
</thead>
</table>
Rule Change Proposal

- Available at CRS website
- Submit proposal with statement of problem and substantiation for each proposal
- Cost Impact
Questions?
DOH Adoption Process

1. **DOH Publishes Draft**
2. **Proposal Meeting**
   - **9-26-14**
   - **Proposals Due ??**
3. **Comment Meeting**
   - **11-14-14**
   - **Comments Due ??**
4. **DOH Publishes Final Draft**
5. **Hearing**
   - **March 2015**
6. **Rule Adopted**